(a) whether it is a fact that some ULFA leaders escaped despite surveillance by intelligence agencies in the last week of March, 1992 ;

(b) if so, whether any action has been taken against the officials responsible for the negligence ; and

(c) if so, the details thereof ?

THE MINISTER OF HOME AFFAIRS (SHRI S. B. CHAVAN) : (a) No, Sir.

(b) and (c) Do not arise.

कच्चे तेल का उत्पादन

*136. **श्रीमती सुषमा स्वराज :**
डा० जिनेन्द्र कुमार जैन :

क्या **पैट्रोलियम और प्राकृतिक गैस** मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार ने कच्चे तेल के आयात को कम से कम करने और उसके घरेलू उत्पादन को बढ़ाने के लिए कोई समयबद्ध योजना तैयार की है;

(ख) यदि हां, तो उसका ब्यौरा क्या है;

(ग) क्या यह भी सच है कि अपर्याप्त उत्पादन का एक कारण पर्याप्त मात्रा में आवश्यक धन की उपलब्धता का अभाव है; और

(घ) यदि हां, तो कच्चे तेल का उत्पादन बढ़ाने में गैर-सरकारी क्षेत्र का सहयोग प्राप्त न किये जाने के क्या कारण हैं ?

पैट्रोलियम और प्राकृतिक गैस मंत्री (श्री बी शंकरानन्द) : (क) और (ख) उत्पादन में वृद्धि करने संबंधी परियोजनाएं कार्यान्वयन के विभिन्न चरणों में है। आठवीं योजना अवधि के अन्त तक कच्चे तेल के देशीय उत्पादन के लगभग 47 मिलियन टन प्रति वर्ष तक पहुंच जाने की आशा है।

(ग) और (घ) इन परियोजनाओं के लिये पर्याप्त धनराशि सुनिश्चित करने के लिए सभी प्रयास किए जा रहे हैं जिसमें बहुपक्षीय/द्विपक्षीय और सप्लायरों के ऋण के समझौते शामिल हैं। सरकार ने निजी कम्पनियों के साथ संयुक्त उद्यम के रूप में खोजे गए कुछ तेल क्षेत्रों को विकिसित करने का निर्णय भी सिद्धान्त रूप में लिया है ।

Laparoscopic Sterilization Operations

*137. SHRI SATYA PRAKASH MALAVIYA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) what is the number of laparoscopic sterilisation operations performed under the National Family Welfare Programme during 1991-92 ;

(b) whether any deaths have taken place as a result thereof ;

(c) if so, the number of such deaths reported during each of the last three years ;

(d) the action taken to train teams for these operations ; and

(e) the details of the guidelines issued to State/Union Territories to eliminate the possibility of deaths caused by this technique of sterilisation ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) to (e) As per information received from the States and the Union Territories, 2,79,038 laparoscopic sterilisation operations were performed during 1991-92 upto the 30th September, 1991. The complete report for the entire year in respect of all States and Union Territories is awaited from them.

As per the reports so far received from the States and the Union Territories, deaths due to laproscopic sterilisation operations

during the last three years were as follows :—

Year	No. of deaths
1989-90 . .	36
1990-91 . .	42
1991-92 . .	15 (upto December, 1991)

Twenty Central Laparoscopic Training Centres have been opened at 'A' type (teaching) post partum centres in different parts of the country. Besides four regional centres of excellence at Calcutta, Bombay, Madras and Delhi have also been established for imparting training to improve the quality of sterilisation. Twelve more centres of excellence are being established in different parts of the country for this purpose.

In order to improve the quality of laparoscopic sterilisations, avoid complications and eliminate chances of deaths, detailed guidelines have been issued to the the State Governments/Union Territories Administrations. These guidelines, *inter alia,* indicate (i) performance of operations by fully trained doctors, (ii) proper selection of patients, (iii) performance of operations under local anaesthesia in the presence of a trained anaesthatist, (iv) provision of proper follow up services, (v) limiting the number of cases per team in a camp, per day, to only 30 at the primary health centre level and 100 at the taluk/district level hospitals, and (vi) proper sterilisation of the laparoscopic equipment.

Development of Technological Know-how by I.C.M.R., Delhi

*138. SHRI ASHOK NATH VERMA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the Indian Council of Medical Research and the Malaria Research Centre, Delhi in collaboration with C.S.I.R., has developed technological know-how of resistance-free Insecticides for eradication and control of mosquitoes and mosquito larvicide, if so, what are the details thereof ;

(b) what are the names and details of insecticides presently being used under the National Malaria Eradication Programme ; and

(c) what are the names of resistance-free Insecticides recommended and available in small packets against payment and the source thereof for control of mosquito in household to save the children from malaria and mosquito menace ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) to (c) Central Drug Research Institute (CDRI), Lucknow under the Council of Scientific and Industrial Research (CSIR) has developed a biolarvicide called *Bacillus sphaericus* for the control of mosquito breeding.

Malaria Research Centre (MRC), under the Indian Council of Medical Research (ICMR) participated in the laboratory and field evaluation. Results achieved so far indicate larval mortality in different species of mosquito larvae from 60—100% and the effect of sphaericus spraying lasts for 1 to 2 weeks at varying dosage from 0.1 to 5 gm/sq.m. This product is a larvicide and cannot be used for control of adult mosquitoes.

The insecticides used under the National Malaria Eradication Programme (NMEP) for control of mosquitoes are :—

1. DDT @ 1 gm/sq. m. 50% WP sprayed on the walls.
2. HCH @ 2 gm/sq. m. 50% WP sprayed on the walls.
3. Malathion @ 2 gm/sq. m. 25% WP sprayed on the walls.
4. Abate EC formulation used as larvicide in water. Abate granules are also used.